

Original

11

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/508,405**

FILING DATE

APPLICATION NO.

09/508405

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. **2**
TOTAL DEP. **49**
TOTAL CLAIMS **51**

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. **2**
TOTAL DEP. **49**
TOTAL CLAIMS **51**